

Other Medical Expenses (OM) Section

BOX\_01A

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IF ROUND 3, CONTINUE WITH BOX\_01B

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OTHERWISE, GO TO BOX\_01

BOX\_01B

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| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |  
CONTINUE WITH OM01A

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OTHERWISE, GO TO BOX\_01

OM01A

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since  
(START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times]..... {OM01B}  
REF..... -7 {OM01B}  
DK..... -8 {OM01B}

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| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |  
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST |  
CALENDAR YEAR OF PANEL.

OM01B  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

Of the times (PERSON) obtained glasses or contact lenses since  
(START DATE), how many were during {YEAR}?

NUMBER OF TIMES

[Enter Number of Times].....  
REF..... -7  
DK..... -8

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| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |  
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS SECOND |  
CALENDAR YEAR OF PANEL.

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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |  
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |  
CP SECTION.

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OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.

BOX\_01  
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| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |  
EQUIPMENT OR SUPPLIES, GO TO OM02

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OTHERWISE, CONTINUE WITH OM01

OM01  
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

NOTE:

NO UTILIZATION SECTION IS REQUIRED FOR {GLASSES OR CONTACT LENSES/AMBULANCE SERVICES/ORTHOPEDIC ITEMS/HEARING DEVICES/PROSTHESES/BATHROOM AIDS/MEDICAL EQUIPMENT/DISPOSABLE SUPPLIES/ALTERATIONS OR MODIFICATIONS/{TEXT FROM OTHER SPECIFY}}.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE |  
| IS OM AND ITEM TYPE IS CODED '1' (GLASSES OR |  
| CONTACT LENSES.) DISPLAY 'AMBULANCE SERVICES' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '4' |  
| (AMBULANCE SERVICES). DISPLAY 'ORTHOPEDIC ITEMS' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '5' |  
| (ORTHOPEDIC ITEMS). DISPLAY 'HEARING DEVICES' |  
| IF EVENT TYPE IS OM AND ITEM TYPE IS CODED '6' |  
| (HEARING DEVICES). DISPLAY 'PROSTHESES' IF EVENT |  
| TYPE IS OM AND ITEM TYPE IS CODED '7' |  
| (PROSTHESES). DISPLAY 'BATHROOM AIDS' IF EVENT |  
| TYPE IS OM AND ITEM TYPE IS CODED '8' (BATHROOM |  
| AIDS). DISPLAY 'MEDICAL EQUIPMENT' IF EVENT TYPE |  
| IS OM AND ITEM TYPE IS CODED '9' (MEDICAL |  
| EQUIPMENT). DISPLAY 'DISPOSABLE SUPPLIES' IS |  
| EVENT TYPE IS OM AND ITEM TYPE IS CODED '10' |  
| (DISPOSABLE SUPPLIES). DISPLAY 'ALTERATIONS OR |  
| MODIFICATIONS' IF EVENT TYPE IS OM AND ITEM TYPE |  
| IS CODED '11' (ALTERATIONS/MODIFICATIONS). FOR |  
| 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT |  
| ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS |  
WHEN OM ITEM TYPE IS CODED '91' (OTHER).

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| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN |  
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |  
CP SECTION

-----  
OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION

OM02

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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

NOTE:

{INSULIN/OTHER DIABETIC EQUIPMENT OR SUPPLIES} WILL BE PROCESSED  
LIKE A PRESCRIBED MEDICINE.

AT THIS TIME, NO UTILIZATION OR CHARGE/PAYMENT SECTION WILL BE  
ASKED.

PRESCRIBED MEDICINE QUESTIONS AND CHARGE/PAYMENT DATA WILL BE  
COLLECTED LATER.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY 'INSULIN' IF OM ITEM TYPE BEING ASKED |  
| ABOUT IS INSULIN. DISPLAY 'OTHER DIABETIC |  
| EQUIPMENT OR SUPPLIES' IF OM TYPE BEING ASKED |  
ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.

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| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS |  
| 'PROCESSED'. INSULIN AND OTHER DIABETIC EQUIPMENT |  
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS |  
PRESCRIBED MEDICINES.

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GO TO BOX\_02

BOX\_02

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GO TO THE EVENT DRIVER (ED) SECTION